TRAVEL EXPENSE CLAIM STD. 262 (REV. 9/2007) Statement C							n Reverse Side				Page of Pages				
CLAIMA	NT'S NA	ME					SSN or EMPL	OYEE NUME	BER*		OCO				
POSITION CB/ID No.							DIVISION or I	BUREAU			oco		INDEX NU	MBER	
Chief Deputy Director							Office of the Chief Information Offi				cer				
RESIDENCE ADDRESS *								HEADQUARTERS ADDRESS				1,000		ELEPHONE NUMBER	
CITY STATE ZIP CODE							1325 J Street, Suite 1600				STATE		(916) 319-9223 ZIP CODE		
Sacramento CA 95814							Sacramento				CA		95814		
	MAL WO	rk Hours)Opm				(2) PRIVATE V	EHICLE LICE	NSE NU	MBER	(3) MIL 0.58	EAGE RATE	CLAIMED		
(4) MONTH/YEAR (6)			(7)	(8) MEALS			(9) (10)			TRANSPORTATION			(11)	(12)	
May/09		UDCATION WHERE EXPENSES WERE INCURRED	LODGING			O.T., L/T		(A) COST OF TRANS.	(B) (C)		(D)			TOTAL	
				BREAK- FAST	LUNCH	N/C, RELO OR DINNER	INCIDEN- TALS		TYPE USED	CARFARE, TOLLS,			BUSINESS EXPENSE	EXPENSES FOR DAY	
18	1400	Sacramento				DINNER		19.00	Т	PARKING	MILES	0.00		19.00	
	1730											0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
(13)		SUBTOTAL S								Verbicación		0.00		0.00	
SUBTOTALS COLUMN CODE (ACCTG. USE ONLY)			0.00	0.00	0,00	0.0	0.00	19.00		0.00	0.00	0.00	0.00	19.00	
-00		CLAIM TOTAL							l					\$19.0	
(1A) DI		OF TRIP, REMARKS AND DETAILS (Att	ach receints/v	nuchars when	required)									7.07.02.00	
COV		meeting at Office of System	2000 CO			l at 252	5 Natoma	a Dark D			AG		COUNTING E ONLY	OFFICE	
		transportation to OSI but to									PAID B	Y REVOLVIN	G FUND CHE	CK NUMBE	
(15)	used, a	BY CERTIFY That the above is a true s	rate, I certify	that the cost	of operating t	the vehicle	accordance wi	th DPA rules r greater than	in the ser	vice of the State claimed, and that	of Californ	nia. If a priva et the require	tely owned ve ments as pre-	ehicle was scribed by	
CLAIM		ections 0750, 0751, 0752, 0753 and 0754 GNATURE	pertaining to	vehicle safety DATE	and seat be		SIGNATURE C	F OFFICER A	APPROVI	NG TRAVEL AND	PAYMEN	NT DA	ATE		
Za.															
				1	120		4								

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)